

THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

LUNSFORD P. YANDELL, M.D., and L. S. McMURTRY, A.M., M.D.,

JOHN P. MORTON & CO., Publishers.

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"NEC TENUI PENNĀ."

Vol. XIV.

LOUISVILLE, DECEMBER 2, 1882.

No. 23.

LUNSFORD P. YANDELL, M.D., . . . } Editors.
L. S. McMURTRY, A.M., M.D., . . . }

ANN ARBOR AGAIN.

There is altogether too much investigation going on in the University of Michigan at Ann Arbor. This time it is Dr. Frothingham, the Professor of Ophthalmology. This gentleman is accused of enunciating views in the course of his lectures not in harmony with modern religious belief, and he is at once made the subject of an investigation. This is thoroughly ridiculous. Dr. Frothingham is an accomplished surgeon and anatomist as well as teacher, and doubtless knows best what should be taught in his course of lectures and demonstrations. He is known to be an honest worker and an earnest investigator, and knows better how his branch should be taught than his investigators can possibly determine.

For several years this institution has in one way and another been in a persistent state of investigation and internecine strife. Our friend Major Pendennis would of course attribute this condition to the presence of women in the various departments of the University. Whatever the cause may be, it is damaging to the best interests of the University, and will ultimately manifest these effects. Our medical societies have been flooded with pamphlets and the columns of our northwestern exchanges have been crowded with articles relative to the various charges and countercharges and investigations of the faculty of this University. All this should cease. We imagine that the University is *too much governed*.

VOL. XIV.—No. 23

Its faculty contains able teachers and writers who are accomplished practitioners and brilliant operators. These teachers should be permitted to discharge their duties to the classes of the University in the manner that is proven to be most instructive and advantageous. They should not be annoyed by investigations at the hands of their colleagues. Faculty quarrels will ultimately destroy the efficiency and prosperity of any educational institution. It is only in harmonious coöperation, keeping constantly in view the best interests of the institution and subordinating individual preference and interest, that a faculty can best advance the prosperity and usefulness of any school, college, or university.

THE LATE PRESIDENT'S PHYSICIANS' BILLS.

The conduct of the congressional authorities relative to the remuneration of the surgeons who attended the late President is not only unjust, but unworthy our great nation and disrespectful to the character and memory of the distinguished patient. The sum of \$35,000 was placed at the disposal of the Board of Audit, with which to discharge the bills of the attending and consulting surgeons and also the persons who occupied the positions of nurses. Drs. D. Hayes Agnew and Frank H. Hamilton each sent in bills for \$25,000 for their services. In presenting this claim, Dr. Hamilton stated that he has no expectation of its payment out of the sum placed at the disposal of the Board by Congress, but it is intended to indicate a minimum compensa-

tion for similar service, involving equal or similar responsibility, rendered a private person who was pecuniarily responsible and who would not be embarrassed by the payment of such a sum. The bill was a specific and detailed statement of the services rendered. Dr. Hamilton protests against the claim of Dr. Bliss that he is entitled to double the fee of any other physician in attendance. Every thing considered, the claims of Drs. Agnew and Hamilton are just, fair, and reasonable. Had such services been rendered to the highest citizen of any other civilized nation, the recognition of those services would have been greater in money with distinguished honor conferred. Were services comparable in responsibility and importance rendered the Government by members of the legal profession, the compensation would have quadrupled the sum asked by Drs. Hamilton and Agnew respectively.

We do not believe after all that Congress is so much to blame in this unjust treatment of our eminent and able confrères. Congress but reflects the public sentiment of the American people, and in this instance its force was directed at Dr. Bliss, whose conduct throughout the entire progress of the case was scandalous and disgusting. It was the misfortune of Drs. Agnew and Hamilton to be associated with such an unworthy member of the profession. The profession can not fail to remember that these gentlemen bore themselves with becoming dignity throughout the trying ordeal to which they were subjected, and thereby maintained the professional prestige so fearfully marred by the conduct of Dr. Bliss. In making a charge commensurate with the value of such services, Drs. Hamilton and Agnew prove themselves worthy the guild of which they are distinguished members.

These remarks would fail their purpose should we omit commendation of the labors and deportment of Drs. Woodward and Barnes in this conspicuous case, which were worthy their high professional position and creditable to the army medical service, for

which they have labored so brilliantly and successfully.

THE ARMY MEDICAL MUSEUM AND LIBRARY.—There is every reason to fear that an effort will be made at the next session of Congress to merge these valuable collections into the general congressional library. This of course will destroy their identity, and remove them from the immediate patronage and protection of the medical service of the army and the profession at large. There is no collection in the world comparable with the Museum in some important particulars, and both the Museum and the Library are the special pride of American medicine. In the last report of Surgeon-General C. H. Crane, he recommends that a fire-proof building be provided for these collections, since the present building is inadequate and unsafe. We urge upon every physician who may read this item to use his influence, through his medical society and through individual effort, to induce his representatives in both houses of Congress to give their aid to carrying out the recommendation of the Surgeon-General. Every physician should unite in a concerted effort in this direction, and success will surely follow.

THE ARCHIVES OF DERMATOLOGY.—This handsome quarterly, so efficiently edited by Dr. Lucius Duncan Bulkley, is discontinued. The editor announces in the last number that for some time the pressure of other professional work has made it difficult to give its management the attention required; and adds, that "the recent appearance of a monthly journal of cutaneous and venereal diseases has seemed to offer a fit occasion for its discontinuance." This leaves the new enterprise of Drs. Piffard and Morrow in full possession of the field. Dr. Bulkley has demonstrated thorough capability for editorial work, and the volumes of the Archives are handsome contributions to American medical literature.

THE SEAT OF WAR.—Our distinguished contemporaries, the Philadelphia Medical Times and the New York Medical Record, are passing some dubious compliments, and engaging in some acrimonious remarks relative to the comparative merits of the two cities as centers of medical teaching. Such controversies, when occurring here in the West, have always elicited uncomplimentary comment from these organs of the profession in the East. Hence there is something of retributive justice in our appeal for peace, and we can assure our brilliant confrères that there is wisdom in amicable and peaceful work. Both plans have been tried here, and we know whereof we speak. Every thing is peaceful in the West, and the large classes assembled at the Rush Medical College in Chicago, at the Medical College of Ohio, and at the University of Louisville attest the good work and fine clinical advantages which are quite equal to those obtained in the Eastern schools. Never was rivalry in the West more amicable, and as a result the leading schools are prosperous. We commend the example to our friends in the East.

THE Archives of Dermatology extracts from the London Practitioner of July last an epitome of Eklund's Researches on the Etiology of Scarlet Fever. It is but due Dr. John A. Ochterlony to state that a minute account of these researches of our distinguished Scandinavian confrère was laid before the profession of Kentucky almost a year ago, and may be found in the admirable essay on Scarlatina by that gentleman, published in the American Journal of the Medical Sciences for July, 1882.

DR. E. C. SEGUIN, in company with a friend, has sailed for Europe, and it is hoped that foreign travel will enable him to recover without permanent injury from the shock of the painful domestic calamity recently noted in these columns.

MISCELLANY.

SOME OF THE RELATIONS OF METEOROLOGICAL PHENOMENA TO MAN.—We condense from the able address of Dr. Tripe, President of the Society of Medical Officers of Health, published in the London Medical Journals, the following, italicizing certain sentences: Dr. Tripe stated that it was only at considerable elevations, such as eight thousand feet above the sea-level, that the variations in the pressure of the atmosphere were appreciable. People were then affected with so-called "mountain sickness," which consisted of *malaise*, shortness of breath, palpitation of the heart, and nausea, with more or less giddiness and noises in the ears. Some persons suffered more than others; but nearly all in time became acclimatized. Aëronauts suffered from the same symptoms, showing that great muscular exertion was not the chief cause of the attack. Those who lived on elevated mountain plateaus were observed to breathe more rapidly than those living at a lower elevation; their pulse increased in rapidity; and there was an increase in the evaporation from their skin and lungs, as well as a diminished secretion of urine. It was believed that all these symptoms were *chiefly due to the diminution of oxygen in the air inspired, and consequently in the blood; and also to the imperfect exhalation of carbonic acid from the lungs.* The influence on man, and especially on invalids, of diminished atmospheric pressure, and of a lessened amount of oxygen inhaled, had been much considered; and, while in some cases great benefit had been derived from a residence at high altitudes, in others change of residence had been of little or no use. . . .

Variations in the pressure and temperature of atmosphere exerted a considerable effect on the circulation of air contained in the *soil*, or *ground-air*, which consisted of atmospheric air mixed with *carbonic acid*, *marsh gas*, and occasionally sulphuretted hydrogen. Rain also exerted great influence on the ground-water, and caused a rapid escape of air from the interstices of the soil. It was found that, when the *ground-water was only five feet from the surface, the locality was unhealthy*, and also that a fluctuating level led to ill-health among those residing on the spot. Outbreaks of typhoid fever had frequently occurred after heavy rain succeeding drought, which were believed to have originated from the infectious particles of typhoid excreta being washed into wells

used for drinking. *Damp soil* was thought to be one *cause of phthisis*; and it had been shown that *effective drainage* of the land had caused a considerable diminution in the mortality from this disease. Wind influenced to a great extent all meteorological phenomena, the humidity as well as the temperature of the air depending partly on the wind. Dr. Tripe pointed out that, though much had been written concerning the effects of ozone on man, yet but little was really known about it. It was augmented by violent winds, and was met with chiefly at the seaside, or in country places. There was but little doubt that it exercised an active oxydizing action on the organic matter contained in the air, and was therefore absent in close, confined places where the air contained excess of organic matter.

. . . Dr. Tripe then referred to some papers already published by him on medical meteorology, in which he had stated the conclusions at which he arrived concerning the relations between the mortality from scarlet fever, lung-diseases, diarrhea, and meteorological phenomena. He believed that the *periodical occurrence of epidemics did not depend on meteorological phenomena, but on the number of persons liable to the diseases living in the locality.*

It is difficult to understand how the diminished oxygen inspired and augmented carbonic acid gas unexpired can fail to be injurious under the circumstances alluded to by Dr. Tripe.

DR. HOLMES ON HOMEOPATHY.—In a recent address Prof. Oliver Wendell Holmes says: "Homeopathy has no *status* among the biological sciences, and has nothing of any practical value so far as I know to offer the medical profession. It began by promising to prevent scarlet fever, which it miserably fails to do, and from that day to this it has been a romance of idle promises slipping through the fingers like quicksilver, evaporating without residue like ether from the palm of the hand. If any of these promises had been fulfilled, if any single remedy brought forward by homeopathy had proved trustworthy and efficacious, it would have been thankfully accepted by the medical profession, which welcomes every method of help unless it shows itself with false pretenses, and even then will appropriate any fraction of truth which underlies the deception or delusion. So far as I can take account of the stock, the present assets of homeopathy consist of a pleasing and

sonorous designation, a nomenclature of symptoms, with sets of little phials containing globules, which are the prettiest and most fascinating of amulets arranged to correspond with the nomenclature, a collection of "provings" which prove more about the prover than about the questions to be proved, and a doctrine which slips on or off like a kid glove, according to the company in which the practitioner finds himself."

Beyond the scientific consideration of the absurd claims of homeopathy is the business stand-point which is eminently practical, and to all thinking persons convincing. It is a significant fact that while many intelligent persons are guilty of the folly of amusing themselves with the pellet humbug in slight ailments so-called, no business organization will intrust its moneyed interests in such hands. It is well known that no life insurance company will employ a homeopathic examiner, and in all transactions wherein important business interests are intrusted to the skill of a medical man, the homeopath finds no place. The public services, army, navy, and marine, are also beyond the reach of the so-called homeopathic doctor. These facts are known to the profession, and should be known by the laity.

THE positions on the staff of the Jefferson Medical College Hospital, in Philadelphia, and of instructors at the college, made vacant by the election of Drs. S. W. Gross and Brinton to the chair of surgery, were filled by the Board of Trustees on Wednesday last. After a thorough consideration of the claims of all the candidates, the board selected Dr. Oscar H. Allis and Dr. Joseph Hearn. Dr. Allis has already won his spurs and is known to be an able and growing surgeon. He has been for several years on the staff of the Presbyterian Hospital, where he has done a great deal of valuable work. Dr. Hearn has served as clinical assistant at the Jefferson College Hospital for some years, and is a popular practitioner. These selections reflect great credit upon the Board of Trustees of the college.

SWALLOWING ARTIFICIAL TEETH.—The Lancet reports the swallowing of a set of artificial teeth by a man in an epileptic fit. The denture was expelled per anum within twenty-four hours. After cleaning the plate, the patient placed it in situ, and all was well for nine years, when it again descended and was thirty-one days in passing out.

DR. HENRY DRAPER.—This eminent chemist and astronomer died in New York on the 20th inst., at the age of forty-six years. He was a son of the late Dr. John W. Draper, the eminent chemist and philosophical writer. Dr. Henry Draper followed the path of science which his father trod with such eminent success and distinction. He succeeded to his father's chair in the University of New York after the death of that eminent teacher, but resigned this position in 1873. He wrote a text-book on chemistry in 1864, and contributed much to scientific periodicals on chemical, astronomical and electrical subjects. Dr. Draper, however, attained his greatest distinction by his discovery and demonstration of the existence of oxygen in the sun. He went abroad and demonstrated his theory of the solar spectrum, which is now accepted by scientists every where. In recognition of his eminent abilities as a scientist and astronomer, the Congress of the United States ordered for him a gold medal, which was struck at the Philadelphia mint, and bears the inscription: "He adds luster to ancestral glory." He died at the early age of forty-six, of pleuro-pneumonia, following a severe cold contracted during a recent visit to the Rocky Mountains. Most truly may it be said, "He added luster to ancestral glory."

THE MEDICAL PROFESSION AND MEDICAL EDUCATION IN EUROPE.—Dr. Geo. M. Beard, of New York, says the best system of education in Europe, including both preliminary and medical, is found in Germany. The German physicians are the best educated in the world, both in general and special training. Next to Germany is France, where, as in Germany, it is impossible to get a medical degree without a more or less thorough preliminary education. In Great Britain less preliminary education is required for medical students than in any other of the great nations. The special defects in the English system are, in addition to the deficient preliminary education, first, too little instruction; second, too much examination. Outside of a small circle of German-taught experts the medical literature and the medical practice of England is from five to fifteen years behind Germany and America.

All the same, the English are immeasurably the best practitioners in Europe. "But these continental fellows are great on diagnosis," says an English doctor to an American doctor, as represented in *Punch*. "Yes,

very true," says the American, "but they usually verify their diagnosis by a post-mortem."

A LETTER FROM GENERAL WASHINGTON TO DR. JAMES CRAIK.—[Medical News.]

MOUNT VERNON, 4 August, 1788.

DEAR SIR: With this letter you will receive the horse I promised you, and which I now beg your acceptance of. He is not in such good order as I could wish, but as good as my means would place him.

I also send you thirty pounds cash for one year's allowance for the schooling of your son, G. W. I wish it was in my power to send the like sum for the other year, which is now about or near due, and that, could discharge your amount for attendance and ministrations to the sick of my family, but it really is not, for with much truth I can say, I never felt the want of money so sensibly since I was a boy of fifteen years old, as I have done for the last twelve months and probably shall do for twelve months to come. Sincerely and affectionately,

I am yours, etc.,

GEO. WASHINGTON.

GLYCERIN AND GLUE.—A German chemist named Puscher, of Nuremberg, reports that he has met with great success in using glycerin with glue. Generally, after the drying of glue, the thing to which it is applied is liable to break, tear, or spring off; but, if a quantity of glycerin equal to a quarter of the quantity of glue be mixed together, that defect will disappear. He says also, that glycerin will blot out pencil-marks from paper so as to leave no mark whatever, and a paste made of starch, glycerin, and gypsum will maintain its plasticity and adhesiveness longer than any other cement, and he therefore recommends it for cementing chemical instruments and apparatus used by pharmacists.—*Boston Jour. of Chem.*

DR. H. C. WOOD, of Philadelphia, says of his fellow-citizen, Dr. D. G. Brinton: "Fate seems to come a long way to meet some victims. Mr. S. R. Aitken, of Colombo, Ceylon, was recently killed by a prescription for tape-worm taken from the seventh edition of 'Medical Therapeutics,' by George A. Napheys, M. D., edited by Dr. D. G. Brinton. The number of deaths indirectly produced by the half-culture and routine practice encouraged by such books finds no record."

A PLEASANT PREVENTIVE OF PROFESSIONAL ANIMOSITIES.—Dr. E. Hart Vinen, President-elect of the West London Medico-Chirurgical Society, in his address to that society says: "No remedy is so effectual for healing professional animosities as frequent intercommunication; and, if I were asked to prescribe a panacea for their prevention, I should recommend an occasional dinner at the Star and Garter. Some may think this view of the matter savors too much of the sensual, but the periodical recurrence of such a reunion would, perhaps, be more productive of good results than the strictest code of medical ethics."

RECKLESS MIDWIFERY.—A horrible death has occurred at the village of Eye, near Petersborough. A woman was attended in her labor by two neighbors, one of whom professed to be a midwife, the other a nurse. She was delivered shortly after midnight, on Saturday last, of a living child; and when Mr. Beecroft, a retired surgeon living close by, was called in soon after delivery, he found the unfortunate woman dead, with her uterus, one ovary, and fallopian tube lying in the bed beside her, these parts having been actually torn or cut away by the women in attendance.—*British Medical Journal*.

TOBACCO-CHEWING BOYS TAKE WARNING.—**UNDEVELOPED TESTES ASSOCIATED WITH EARLY TOBACCO CHEWING.**—Mr. R. Clement Lucas, Senior Assistant Surgeon to Guy's Hospital, reports a case in the *British Medical Journal* of this sad condition which he confidently attributes to tobacco chewing. His condition is thus delineated: "His penis was small, and the prepuce rather long. The testicles were remarkably small, neither being larger than a French bean, or, perhaps, what more nearly expresses their size and shape, no larger than the testes of a rabbit."

STATE BOARDS OF HEALTH.—Among the nine States which are without State Boards of Health are the large, enterprising, and prosperous Commonwealths of Pennsylvania, Ohio, and Missouri. It is a significant fact that the medical profession in these States is making no effort to secure the enactment of laws creating such boards. Doubtless the utter inefficiency of some of the State Boards explains the apparent indifference of the profession in this respect in the States now without these organizations.

The Code of Ethics, like other just laws, possesses no terrors for the upright. The observance of its provisions is purely voluntary, and its requirements are strictly in accord with the instinctive feelings of every conscientious and honorable man. The Code is only obnoxious to those who seek to retain respectable association, and while reaping the benefits of that association are guilty of the ordinary disreputable practices of empirics.—*Atlanta Medical Register*.

ELOQUENCE IN SCIENCE AND ART.—Dr. Herbert Watney, of London, says: "Science is not liked by some, because it makes so little of the individual opinion, and treats so lightly that power which some men have of enforcing their views and persuading their fellow-men. In politics and in art we see the immense influence of the individual—how his word is taken almost as law; yet the habit of accepting without question what is told us has been the most fatal stumbling-block to the advance of medicine."

A NEW LITANY.—District Visitor: "Your boy looks very bad, Mrs. Jones; what's the matter?" Mrs. Jones: "Yes, ma'am, he be very bad; and, what's more, the doctor has made him worse. I'm sure we poor people ought to pray with all our heart, 'From all false doctorin', good Lord deliver us.' I never saw its meaning afore."—*Medical Times and Gazette*.

MALARIA.—A. O. Rawl, D. D. S., in the *Southern Dental Journal*, says that, in localities where malaria infects the atmosphere six or nine months in the year, the teeth of the negroes suffer as do the whites through the systemic effects of this poison, though the former are less so affected than the latter by malarial poison.

BLACK ANTS ANTISCORBUTIC FOOD.—Dr. E. F. Brush writes in *N. Y. Med. Record*: "Scurvy frequently attacks the lumbermen of Maine, and they use black ants as the remedy when suffering from the disease."

The first successful ovariectomy in Bellevue Hospital was performed by Dr. W. Gill Wylie recently.

"God and the doctor we alike adore,
When sickness comes, but not before.
Danger past, both are like required,
God is forgotten, and the doctor slighted."

Original.**ON THE MICROBE OF TYPHOID FEVER.**

A Translation*

BY JOHN A. OSTERLONY, M.D.,

Professor of Materia Medica, Therapeutics, and Clinical Medicine in the University of Louisville.

During the last eight months the author has been assiduously engaged in researches relating to the presence of a microbe in the living blood of typhoid fever. These researches were made upon a considerable number of preparations of normal and pathological blood before coagulation had occurred. After coagulation one often finds formations in the blood which perfectly resemble microbes, little rods of two or three segments or in the form of a chain. These formations probably consist of torn threads of fibrin. The methods used for the detection of microbes were always those of Weigert and of Koch. The method of coloring dried preparations was by means of aniline.

In the blood of persons suffering from typhoid fever there is often found a microbe, very small, and in very small numbers. It has the appearance of a small cylindrical rod, short (1.5 microm.) and fine; the extremities refract the light more strongly than the middle, which seems more transparent. This is probably the same organism which MM. Béhier and Vulpian discovered in 1873.

Still more rarely are seen in typhoid blood other formations of short protoplasmic threads or ovoid grains. On rare occasions Dr. A. has established the presence of an enormous mass of microbes, but only for one or two days during the entire course of the disease.

There is no certainty of finding a larger number of microbes in severe cases than in abortive cases, in which latter class even he discovered a considerable number of them.

The microbe is most frequently encountered during the second and third week. He believes the pathogenic microbe must be sought at the bedside; there it is found in the patient's blood in the most pure state.

In order to obtain accurate results it is necessary to have perfectly pure seed for cultivation, or in inoculating animals. Authors have too much neglected researches of this kind. The microbe of the disease has been sought in the excreta, in the cadaver, in the soil, instead of commencing the search at the bedside.

Abstract from Dr. Ernest Almquist, in Nord. Arkiv.

It takes a good deal of time and trouble to find a sufficient number of the microbes of typhoid fever to serve for purposes of cultivation and inoculation.

It is well worth the trouble, however, for having once made the collection one does not have to wait long for results. In some infectious diseases the microbes are very easy to find, and soon it will be possible to determine the very day they are most abundant.

It was to be presumed that pathogenic microbes can be cultivated to perfection in normal blood, especially in the blood of an individual who has never been affected with the disease in question. It is now a well-established fact that normal blood is a fluid most favorable for the culture of the microbe of typhoid fever. Dr. A. cultivated this microbe, taken on the eleventh day from one of his own cases, in a drop inclosed between two glasses one of which was concave. Thus he observed day by day the development of the micro-organism for three months. From this drop was produced a series of generations. With the microbe of the second generation he was able to successfully inoculate a dog. The result was quite interesting. The animal was hardly sick at all, but on the fifteenth day Peyer's patches were found swollen, and contained characteristic microbes. Although his researches have not yet reached completion, they seem to justify him in expressing the following opinions:

The microbe of typhoid fever is only accidentally present in the blood. It exists principally in the wall of the intestine, and ordinarily enters the blood only in small numbers. It is presumed that if more are found they are thrombi of microbes which having been detached from their places, circulate in the blood, and are broken up.

Six forms of the microbe are known at present:

1. Little rods found in the blood.
2. Very fine delicate threads, which the author has sometimes seen projecting from the above, the rod being then the spore of the micro-organism.
3. A mycelium so fine that the filaments of the genus bacillus are veritable giants comparison with it. Under culture the form is found both in the blood and in the intestine. It is probably the body which Mr. Klebs has also discovered.
4. Zoögleæ of very fine granules, very distinct and of uniform size, often in intimate relation with the fine threads already

described. They have been found in the intestines, and under culture, and have been described by Klebs, Klein, and others.

5. Irregular masses of granules. These granules vary in size. They are ovoid, of indistinct contour. They have been perfectly described by M. Eberth, and have also been observed by other authors.

6. *Protoplasmic masses*, more or less granular. They form very abundantly in blood under cultivation, and develop round or ovoid granules. Red blood-cells may be found for months inclosed in these masses. It may have been this form which M. Eichhorst observed in living blood, and perhaps some of the large cell formations found in the viscera may belong to it.

The microbe of typhoid can no longer be classed as of the genus bacillus, micrococcus, or bacterium. Dr. A. considers the following to be the successive phases of its development: The spore throws out a filament. Several filaments form either a network of filaments—a mycelium—or thick bundles of filaments—a filamentous zoöglea.

If spores develop in the filaments, the filamentous zoöglea may become transformed into a finely granular zoöglea.

The details of the mode of formation and development of the protoplasmic masses and of the granular masses the author has not yet been able to determine.

Reviews.

On Slight Ailments: THEIR NATURE AND TREATMENT. By LIONEL S. BEALE, M.B.F.R.S. Second edition, enlarged and illustrated. Philadelphia: P. Blakiston, Son & Co. Pp. 276.

It can be safely said, we think, that there are few practitioners of much experience who have not met, either in their own practice or in that of others, with cases of "slight ailments" which have given their full share of trouble and worry; and that these ailments have not been accorded the importance they generally deserve by the practitioner is apparent from the fact that this book has reached its second edition. The scriptural injunction against despising small things is nowhere more worthy of observance than in the treatment of disease, for the minor ills of the flesh, like the trifles of life, not only make existence often wearisome, but may, if unrelieved, terminate in graver lesions. Slight ailments, like the poor, we have with us always, and Dr.

Beale has given much useful information in the volume before us concerning their nature and treatment. We doubt, however, if all, particularly the subjects of them, will agree with his classification of some of the diseases enumerated as "slight," notably sick-headache and neuralgia. The chapter on "Quackery and Medical Humbug" is specially commended; but the reader will find it difficult to reconcile the author's able exposition of and protest against these monstrous evils with his recommendation on page 152, "to give the patent medicine chlorodyme." We believe, however, that our English brethren are rather lax in their discrimination of published formulæ and nostrums. The articles on "Indigestion and Constipation" contain many valuable hints of a practical character, and the same can be said of the one on "The Actual Changes in Fever and Inflammation." Deserved prominence is given to the mineral acids in certain dyspeptic troubles, and much of value and interest is said of "Pepine and its uses." In the "Constipation of Literary Persons" the author takes a tilt at the critics, and asserts that "many a severe article would never have seen the light if the glands of the critic's lower bowel had been in good order at the time." He is strongly in favor of warm clothing, and advocates the wearing of flannel next the skin in all seasons. Though presenting nothing new it is a serviceable book, and may be read with profit by the intelligent layman as well as the practitioner. It is written in an agreeable and impressive style, and its author is one of the masters of our art. G. T. E.

The Physician's Visiting List' and Diary for 1883. Louisville: Geo. H. Deitz & Co.

We have received from the publishers, Messrs. Geo. H. Deitz & Co., of this city, a very handsome visiting list with the above title. It is stated in the preface that the text is limited to those subjects of essential importance which an emergency may at any moment demand. We are glad to see that the long and bulky list of medicines, with their doses, is omitted from this book. Such text is bulky and useless to a physician, and adds unnecessarily to his breast-pocket. The notes on poisons and their antidotes, and on emergencies and their treatment, are concise, accurate, and up to the most modern knowledge. The schedule of fees of the

College of Physicians of Louisville is given, which is valuable to physicians as a fair basis for estimating medical services. The visiting list is arranged for thirty patients each week, and furnishes space for clinical notes and memoranda. The obstetric record and register of births is conveniently provided. The paper is of very superior character; no advertisements mar the fly-leaves, and the binding is more elegant than that of any visiting list we have seen. The book is a model of neat and tasteful work, and is the most complete and handsome of the several visiting lists offered the profession. It is of convenient size for the pocket, and furnishes a daily record of professional work, which every practitioner should keep, transfer to his ledger, and file away at the end of the year. The publishers announce the price, one dollar and fifty cents, on receipt of which they will forward the book to any address.

Books and Pamphlets.

WE are pleased to welcome to our list of exchanges the Indiana Medical Journal, number 5 of the first volume having just reached this office. It is a semi-monthly, edited by Dr. Frank C. Ferguson, with the aid of Dr. J. H. Oliver. It exhibits taste, energy, and ability in its editorial make-up, and we wish it every success.

A HITHERTO UNDESCRIBED LESION OF THE KNEE-JOINT. By Frederick D. Lente, A.M., M.D., reprinted from the Medical Gazette for July 1, 1882.

THE AMERICAN JOURNAL OF PHYSIOLOGY. Edited by D. H. Fernandes, M.D., Indianapolis, Ind.

A PHYSICAL ANALYSIS OF A LEGALLY SANE CHARACTER. By C. H. Hughes, M.D., St. Louis. Reprint from the Alienist and Neurologist, October, 1882.

HISTORY OF THE O. Z. FAMILY: An illustration of Rapid Neuropathic degeneracy. By C. H. Hughes, M.D., St. Louis. Reprint from the Alienist and Neurologist for October, 1882.

MEDICAL ELECTRICITY: A Practical Treatise on the Applications of Electricity to Medicine and Surgery. By Roberts Bartholow, A.M., M.D., LL.D., etc. Second edition, enlarged and improved, with one hundred and nine illustrations. Philadelphia: Henry C. Lea's Son & Co. 1882. For sale by John P. Morton & Co., Louisville.

THE DISEASES OF THE LIVER: With and without Jaundice, with the special Application of Physiological Chemistry to their Treatment. By Geo. Harley, M.D., F.R.S. Illustrated. Philadelphia: P. Blakiston, Son & Co. 1883. Received through John P. Morton & Co., Louisville.

Selections.

On the Influence of Bacilli in the Production of Disease—By Professor J. Cossar Ewart, M.D., Professor of Natural History in the University of Edinburgh (British Med. Journal). About the end of March of this year, a new form of fever made its appearance in Aberdeen. The fever began with the usual symptoms; there was a well marked rigor; then a sensation of coldness for some hours, accompanied with great depression; the pulse was rapid, and the temperature increased in some cases to 105° Fahr. In the worst cases there was delirium. One of the most characteristic symptoms was an affection of the deep cervical glands near the angle of the jaw; the glands enlarged; there was a feeling of fullness about the throat, congestion of the tonsils, and pain along the course of the lymphatics of the side of the neck affected. In from twenty-four to forty-eight hours the fever subsided, leaving the patient in a state of great exhaustion. In most cases there was a relapse, which corresponded exactly with the first attack, with the difference that another set of glands and lymphatics were affected. After this relapse there was again apparent recovery, and then a second relapse; in some cases there were as many as six relapses, occurring regularly every second day. In nearly all the cases recovery was slow, and, in some, abscesses formed near the angle of the jaw and in the region of the joints. In three cases the disease proved fatal. When an inquiry was instituted it was found that over three hundred individuals had suffered from this disease, and that all the sufferers had been using milk from the same dairy. A sample of milk secured for examination when the epidemic was at its height was found to contain numerous micrococci, spores of fungi and spores which resembled those of *Bacillus anthracis*, the organism which is associated with splenic fever. When cultivated the spores germinated, first into exceedingly delicate bacilli, and then into spore-bearing filaments. On inoculating rats with the milk containing the spores death followed in from eighteen to twenty-four hours. The tissues of the rats, especially in the region of the neck, were infiltrated with bacilli, which, on cultivation, developed into spore-bearing filaments. Inoculation proved both bacilli and spores to be as virulent as the original spores found in the milk. Confirmatory evidence of the relation of the bacillus to the disease, and of the disease to the bacillus, was obtained by the examination of pus from an abscess over the angle of the jaw of one of the sufferers. This pus contained spores and bacilli similar to those found in, or developed from, the milk. Rats inoculated with a minimal quantity of the pus suffered and died in the same way as the rats infected with the milk and the milk cultivations. Further investigations proved that these organisms had been added to the milk along with water. The water used at the dairy previously to the epidemic passed through a large concrete cistern (provided with a rough loose wooden cover) placed in the corner of the large byre immediately over the heads of several cows. The spores reached the byre along with the steamed hay used for food, and from the byre they had easy access into the cistern; how they reached the tank in which the hay was steamed has not yet been discovered. Experiments after the methods employed by Burdon Sanderson, Pasteur, Greenfield, and Buchner, showed (1) that this bacillus could not be converted into the hay-bacillus (*B. subtilis*); (2) that

the cultivations became gradually less active until they were quite innocuous; (3) that, when the filaments were kept for a time at a temperature which prevented the appearance of the spores, the virulence became attenuated and ultimately disappeared. Further experiments may show that the attenuated forms are capable of affording protection from the active forms.

In conclusion it was mentioned that the bacillus could be cultivated on the fresh-cut surfaces of potatoes and in gelatine—the recent methods described by Koch.

Ovariectomy.—One hundred consecutive cases of ovariectomy, performed without any of the Listerian details, are reported in the Brit. Med. Jour. of Oct. 28th, by Lawson Tait, F.R.C.S., Eng. Of this hundred only three died; and of these, one was fatal by accidental suffocation—so that it hardly ought to be reckoned in the mortality of the operation. Of the patients, six were pregnant at the time of the operation; and in one of these there was the additional complication of acute peritonitis. All of these patients recovered, and have *had their children* since, with one exception; she miscarried on the second day after the operation, and then made an easy recovery. Four of the patients suffered at the time of the operation from acute peritonitis, and all recovered. One of these was also pregnant. She carried her child to the full term, and is now in perfect health. In two cases the disease was solid fibroma of the left ovary. Both specimens are in the museum of the College of Surgeons. In ninety-eight cases the disease was cystoma. Of these, the tumors in eleven cases were parovarian, and the ovaries and tubes of the corresponding sides were left intact, so that the operation was not ovariectomy at all. But Mr. Spencer Wells has included these cases in his list; and, for purposes of contrast with him, every body else must do the same. It is a grievous mistake, however, and will have to be rectified.

Mr. Tait continues, I have already estimated that parovarian cysts constitute about ten per cent of such operations, and the present series shows that I am pretty nearly right. If so, then Mr. Wells has not yet completed his "thousand cases of ovariectomy;" for over a hundred of them were probably parovarian cysts, in which healthy ovaries were unnecessarily removed. In thirty-three of the patients the left ovary was the seat of the disease; and in twenty-eight the right gland was affected. Of these sixty-one cases of removal of one ovary, there were three deaths; whilst in twenty-seven cases, in which both ovaries were removed, there was nothing but uniform recovery. This demonstrates clearly that Mr. Spencer Wells's conclusion, that removal of both ovaries is more fatal than removal of one, is quite mistaken; and that the fatality can only be explained by the use of the clamp, which might reasonably be expected to have a heavier mortality when used for two pedicles than when used for one. In more than half of the cases (fifty-three), there were serious adhesions; but it has not been found that adhesions of any kind add in any way to the mortality. In the three fatal cases, there were no adhesions at all in two, and only slight parietal union in the third. In seventeen of the cases the tumors were almost sessile; and in one so completely was this the case that I do not know yet whether the tumor was ovarian or not, but, from its texture, I concluded that it must be. The increased success in this series is to be attributed chiefly

to: 1. The total abandonment of the clamp (Mr. Spencer Wells's) treatment of the pedicle; 2. The adoption of Keith's method of cleansing the peritoneum; 3. The adoption of Kœberlé's and Keith's method of cleansing the peritoneum; 4. Increased personal experience; 5. Diminished proportion of cases which had been frequently tapped; 6. The complete abandonment of the use of carbolic acid, or any other (so-called) antiseptic system, in the performance of the operation and in the subsequent treatment; and 7. The establishment of hospital discipline and hygiene on the best known principles, for private as well as for public patients.

Clinical Characters of Tubercle in Bone.—These most interesting and valuable observations we take from an article by Mr. Wm. Scovell Savory, F.R.C.S., in the Lancet: It is curious, on reflection, to see how many striking points of analogy there are between the progress and effects of tubercle in lung and in bone. In the first place the cancellous texture of bone, which is the seat of tubercle, resembles broadly in physical characters the parenchyma of lung. A section of cancellous bone and a section of dried lung have to the naked eye a very general resemblance. The structure of both is aptly described as sponge-like, and this resemblance is drawn more closely when a mass of yellow tubercle occupies the substance of each. In both cases the spongy texture appears to be filled up and rendered solid by the infiltration of the caseous deposit. Then, too, the resemblance further appears in the halo of inflammation or increased vascularity of varying width which so often surrounds the mass. Still further is the likeness shown in the mode in which the tubercle degenerates. The included tissue is broken down and destroyed until, either by the escape or disappearance of the tubercle, a cavity is left in the cancellous bone corresponding very remarkably to a vomica in the lung. Furthermore, the likeness is extended by the relation of cancellous bone to a neighboring joint and the relation of lung substance to the pleura. Just as pleurisy is so often set up by this disturbance of tubercle in the lung, so synovitis is often provoked by the disturbance of tubercle in adjacent bone; and just as empyema is sometimes produced by the perforation of the lung-wall and the escape of matter into the pleural cavity, so suppuration in a joint, which is too often destructive, is due to the perforation of the articular wall of bone and the escape of matter into the synovial cavity. In either case urgent symptoms are apt to supervene suddenly on comparatively latent mischief.

Then the variable progress and effect of tubercle in the lung are oftentimes repeated with singular resemblance in bone. Just as in lung, so in bone, the history of tubercle is sometimes that of a single formation which passes steadily, with more or less rapidity, to destruction; sometimes that of several smaller ones simultaneously; sometimes, though this more rarely, that of a number of successive formations which pass through their stages one after another, leading in this way to a gradually extending destruction of osseous tissue. So, again, and in this I think the resemblance is most marked of all, there are in tubercle in bone phenomena very exactly corresponding to what Dr. Latham in the lung, and in the cervical glands as a more obvious illustration, has described as cases of mixed and unmixed phthisis. In one class, during the changes which tubercle after its formation is prone to undergo, there is

only what may be called a necessary amount of inflammation excited in the surrounding texture, such as is just sufficient to accomplish the result of softening and expulsion, and which subsides as soon as that is effected. This Dr. Latham called the specific limit of the disease. In another class the inflammation provoked spreads widely and deeply beyond this, and becomes much more severe and extensive than is needful for the mere elimination of the tuberculous matter. In short, Dr. Latham's sketch might have been drawn from a study of tubercle in the head of the femur or tibia or in the tarsus or vertebrae.

A Case of Complete Inversion of the Uterus.

Mr. Wherry (British Medical Journal): A woman was delivered of a healthy male child, born rather suddenly, and with a short, thick cord. She was given twenty minims of liquid extract of ergot after delivery; a pain followed, and the inverted uterus, with the placenta adherent, protruded from the vagina. There was not much hemorrhage. The medical attendant detached the placenta and endeavored to replace the uterus by his hand, but he was obliged to desist owing to the great softness of the uterine walls and the collapsed condition of the patient. Two days later, when called in, Mr. Wherry found the uterus completely inverted, and the patient, a thin, feeble, and small woman, with a roomy pelvis, in great pain. Ether was administered, but it was impossible, owing to the doughy softness of the fundus, to replace the uterus with the unaided hand. Accordingly a large rubber drainage-tube was blown up to about the size of an egg at one end and ligatured. The hand, in the form of a cone, was passed into the vagina, and the finger-tips pressed against the air-pad were in no danger of lacerating the walls of the uterus. Half an hour's pressure, first with one hand and then with the other, against the most prominent part of the fundus at length reduced the uterus, leaving the dilated tube in the cavity. The string was then cut and the collapsed tube withdrawn. The replacement was gradual, and, as in the reduction of a paraphimosis, was evidently effected by squeezing fluid out of the edematous tissues of the uterus. The patient made an excellent recovery. Mr. Wherry remarks that, in recent and all chronic cases where the uterine walls were soft, he should strongly advocate the use of such an air-cushion as he described. This principle of treatment was first suggested by Dr. Tyler Smith, and Dr. Atthill had described his horror at finding his unprotected fingers go through the uterus into the peritoneal cavity. It makes a great difference whether the uterus has undergone involution. In chronic cases, with a small uterus, a good repository, such as White's or Aveling's, can be used. The inversion was produced by a combination of causes; first, the birth of a child with a short cord pulling on a placenta adherent to the fundus; and, second, the contractions artificially induced by the dose of ergot tending to expel the fundus and placenta.

Intrauterine Vaccination and the Vaccination of New-born Children.—(Dr. Behm, Berlin, in *Zeits. f. Geburtsh. u. Gynäk.*): Since Spitz and Albrecht have shown that the spores of intermittens may enter the fetal circulation, the placental membrane can no longer be regarded as a perfect filter for organized contagions, but its effects in this direction must be studied in regard to each individual virus. In regard to the possibility of the vaccine virus

being transmitted from mother to child, opinions have been much divided. Bollinger, especially, has claimed that "in the majority of cases" a successful vaccination of the mother renders the child immune. The author analyzes his proofs and finds them insufficient. Burckhardt, Gast, and others, came to the conclusion that this was only rarely the case.

The author has made a series of very carefully-conducted experiments which we may summarize as follows: Forty-seven women were vaccinated by the sub-epidermoidal method; the subcutaneous or intravenous not being considered reliable. The children of thirty-three of these, in twenty-nine of whom the vaccination was successful, were also vaccinated. Of these thirty-three, twenty-two were in the tenth month, ten in the ninth, and one in the eighth month of pregnancy. The author argues, from analogies with variola, that vaccination up to three weeks before confinement should have as much effect as when done earlier. Of the thirty-three children, twenty-five were successfully, and eight unsuccessfully vaccinated. Of these eight, in six cases the lymph was shown by control to be poor, while the other two cases seemed to surely be examples in which the vaccination of the mother had extended its protecting influence to the child. In some cases the mothers had from ten to twelve well-developed pustules, and the children, when vaccinated, the same number. This seems to show that intrauterine vaccination is possible, but rare.

Two other interesting questions arise: Has vaccination any bad effects; first, on a pregnant woman, and second, on a new-born infant? The first is to be answered by a decided no; and, when we consider the dangers both to mother and child from variola, the necessity of the protection is seen. In regard to the second, the author strongly recommends the vaccination of children a few days after birth instead of at the end of a year. When we consider the danger of variola to which infants may be exposed this is important. The author claims:

1. That there is at this period no febrile reaction.
2. That there is very slight sensitiveness to pain.
3. That nourishment on the breast renders the disturbance of digestion less likely than later, after weaning.
4. The period of dentition is avoided.
5. The children are earlier protected from variola.

His conclusions, therefore, are, that intrauterine vaccination is possible, but rare; that pregnant women should be vaccinated as early as possible, and that it is better to vaccinate children soon after birth than later.—*Am. Jour. of Obstetrics.*

Febris Complicata.—The British Medical Journal's special report from the Egyptian expedition says: Any one who has been at Netley and seen the "rock" or "Mediterranean fever," "remittent fever," or "febris complicata" of Veale, will not fail to see the similarity that this fever has to it; and yet it is not the same. It seems a mixture of several types, based on a few prominent symptoms common to all, and must be the result of several poisons developing several forms of disease, varying as the quantity and quality of the poison varies, and the constitution of the system that is called upon to withstand the onslaught.

A successful case of nerve-stretching in sciatica is reported by Randolph Winslow, M. D., in the Maryland Medical Journal.

On a New Method of Amputation of the Upper Extremity.—At a meeting of the Académie des Sciences, M. Josselin presented a note by M. Desprès, on a new method of amputation of the upper extremity (Brit. Med. Journal). For a case of osteosarcoma of the scapula, M. Desprès performed with success "amputation of the shoulder," that is, entire removal of the arm, scapula, and part of the clavicle. His method was as follows: 1. He tied the subclavian artery, external to the scalenus muscle, by a double ligature, to avoid secondary hemorrhage. 2. He made an incision *en raquette*, commencing at the center of the space separating the eminence of the spine of the vertebrae, at the internal border of the scapula, and at a level with its spine, and following its dorsum, turning round the salient portion of the shoulder and passing under the axilla as far as its center, and afterward rejoining the original incision at its starting point. 3. He dissected a superior flap without interfering with the incision for the ligature of the vessel. 4. He divided the clavicle as near as possible to its middle. 5. He tied the axillary vein. 6. The scapula was detached after division of the pectoralis minor and dorsi latissimus, and then dividing the muscles inserted into the scapula. The supra-scapular artery should be tied if necessary, and the wound brought together by sutures. The dangers of this operation consist in (1) the loss of venous blood; (2) the possibility of the entrance of air into the axillary vein; but they are not necessarily mortal. One complication occurred; the extremity of the clavicle perforated the skin; but M. Desprès thinks that it is better to have such a condition than to remove the entire collar-bone, and that this portion of the clavicle preserved covers in the superior aspect of the thoracic. The operation, he thinks, is of value in cancer of the scapula, and less formidable than removal of the scapula, leaving the arm, and may be well applied to cases of white-swelling of the shoulder involving the scapula. It would seem very practicable in patients below twenty-eight years of age.

Discussion on the Treatment of Acute Rheumatism.—(West Somerset Medical Society). Some members had no faith in specifics, and based their practice on the expectant plan. Keeping their patients warm, and trusting to time and the *vis medicatrix*; but a large majority of speakers expressed their decided faith in salicylate of soda, given at first in large doses of fifteen or twenty grains every two or three hours, and, as relief followed, reducing the quantity to be daily administered, but so as not to abandon its use for several weeks. As regards blistering joints, the practice was generally condemned; but blistering for cardiac affections was equally approved by a number of speakers. A Mr. Cornwall advocated the use of benzoate of soda, given in doses of from ten to twenty grains every four hours.—*British Medical Journal*.

Typhoid Fever and Milk Supply.—An outbreak of enteric fever has occurred at Grangemont, which, there was good reason to believe, was closely connected with milk supply, as the cases occurred in families supplied by milk from a house in which there was a case of enteric fever.

Prevention of Typhoid.—Experience has shown that in this country most, if not all, outbreaks of enteric fever are caused and intensified by pollution of the water supply.—*British Medical Journal*.

Nephrectomy.—Seventy-six cases of extirpation of the kidney are reported by Leopold and Kroner; of these, in thirty-eight the kidney was removed by laparotomy, with twenty-two deaths and fifteen recoveries, in one the result being uncertain (Medical Times and Gazette). In thirty-eight the lumbar incision was used, with thirteen deaths and twenty-four recoveries; in one of these, also, information as to the result being defective. The conditions for which these thirty-four more recent operations were done were the following: By laparotomy: hydronephrosis, one case, cured; sarcoma, one, died; adenoma, one, died; encephaloid, one, result not stated (an American case); movable kidney, seven, four deaths, three recoveries; pyonephrosis of horseshoe kidney, one, died; removed with an ovarian tumor, one, died. It is difficult to see how the removal of a horseshoe kidney, even though affected with pyonephrosis, could be justifiable. By lumbar incision: movable kidney, one, recovered; perinephritic abscess, two, both recovered; uretero-abdominal fistula, one, died; uretero-uterine fistula, one, recovered; sarcoma, three, two of which recovered, one died; hydronephrosis, one, died, the other kidney being afterwards found to be atrophic; pyonephrosis, pyelitis, calculous pyelitis, traumatic abscess of kidney, eight, five of which recovered, three died; cancer of the uterus, one, died.

On the Use of the Oil of Wintergreen as an Efficient Salicylate in Acute Rheumatism.—The Medical Record of Nov. 4th contains an article on this subject by Francis P. Kinnicutt, M.D. This is like going back to the bulky bark of days gone by, when we have its power concentrated in quinia, since our best salicylic acid is made from wintergreen. It has been claimed by English writers that this preparation of salicylic acid is the only safe one to use. The following are Dr. Kinnicutt's conclusions:

1. That in the oil of wintergreen we possess a most efficient salicylate in the treatment of acute rheumatism.
2. That in its efficiency in controlling the pyrexia, the joint-pains, and the disease, it at least ranks with any of the salicyl compounds.
3. That the best method of its administration is in frequently repeated doses, continued in diminished doses throughout convalescence.
4. That its use possesses the advantages of being unattended with the occasional toxic effects, the frequent gastric disturbance produced by the acid or its sodium salt, even when prepared from the oil of wintergreen; that its agreeable taste and finally its comparative cheapness are further recommendations in favor of its employment.

Ophthalmic Aphorisms.—Dr. J. J. Chisholm, of Baltimore, an eminent ophthalmologist, says: Do not blister; do not use nitrate of silver; do not prescribe sugar of lead; always use weak solutions of the mineral and vegetable astringents; sulphate of atropia, from one to four grains to the ounce of rosewater, is an essential eye-drop in the treatment of acute iritis to break newly formed adhesions; eserine in solution of one grain to the ounce of water is the remedy for purely corneal lesions.

Whooping-Cough in a Patient Over Eighty.—A case of this kind in a lady is recorded in the British Medical Journal.

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The Spring Session of 1883 will open March 5th, and will continue until June 1st. It includes Clinical Teaching and Pharmaceutical work in the Dispensary, systematic recitations from Text-books by a corps of examiners who have the use of the Museum for illustration, personal manipulations in Operative Surgery, Chemistry, Histology, Ophthalmoscopy, Laryngoscopy, and Otoscopy, under the supervision of Demonstrators.

The Spring Course is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary, and does not count as a session.

The Fee for the Full Course is **TWENTY-FIVE DOLLARS.**

The Forty-Sixth regular Annual Session will commence on October 2, 1882, and will continue until March 1, 1883. Previous to this there will be a preliminary course of lectures free to all students, opening September 4th, and lasting until the beginning of the regular term.

The continued success of the practical exercises in Laboratories especially fitted with Beck's Microscopes, sets of Chemical Reagents, Manikins, Ophthalmoscopes, Laryngoscopes, etc., etc., has confirmed the wisdom of the Faculty in instituting these courses. Every facility and all needful apparatus will be furnished so as to make these teachings of permanent value to the student.

These special courses are optional. And it is recommended that first-course students should take Microscopy, for which a fee of \$5 will be charged, and second-course students the three other courses, for which a fee of \$10 will be charged.

It is urged upon all who seek to train their senses to the requisite degree of skill to make good diagnosticians and operators that at least one course of each of the manipulative branches be taken before applying for the degree.

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In addition to the daily College Clinics mentioned, two Medical and two Surgical Clinics will be held weekly in the commodious amphitheater of the **CITY HOSPITAL.**

The Professors of Clinical Medicine and Clinical Surgery will lecture in the Hospital during the session. In addition to the above, the abundant clinical material of **St. MARY AND ELIZABETH HOSPITAL** is at the command of the University Faculty.

FREQUENT EXAMINATIONS.

Universal experience has demonstrated the paramount importance of this mode of instruction as supplemental to lectures, and the Faculty has made a special provision for it. The wisdom of this action has been abundantly shown. The Faculty therefore devote additional hours for the purpose of a general "quiz," to be conducted by themselves.

Good boarding can be procured in the vicinity of the College at from \$3.00 to \$5.00 per week, fire and light included. Students on their arrival in the city by proceeding to the University, on corner of Eighth and Chestnut Streets, within three squares of the Louisville and Nashville Railroad Depot, will find the Janitor, who will conduct them to suitable boarding-houses.

A Post-graduate Course has been organized by the Faculty, which will follow immediately upon the winter session and continue six weeks. Special instruction will be offered to practitioners in various departments of medicine and surgery.

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A CONCENTRATED POWDERED EXTRACT OF BEEF, PARTIALLY DIGESTED AND
COMBINED WITH AN EQUAL PORTION OF GLUTEN.

We have pleasure in presenting, for the consideration of the Medical profession, "BEEF PEPTONIDS." We consider this product the most valuable that ever emanated from our Laboratory, and we feel confident it will be welcomed by the Profession in all parts of the world.

BEEF PEPTONIDS contains *only* the *nutritious* portions of the beef. It contains *no water* and *no inert matter* of any kind. We combine the dry Extract of Beef with an equal *portion* of Gluten to prevent a tendency to deliquescence, and in order to present the preparation in a powdered and portable form. It is well known that Gluten is the most nutritious substance found in the Vegetable Kingdom, and in nutritive elements is closely allied to Beef.

Four ounces of BEEF PEPTONIDS represents as much nutritive and stimulating properties as forty-eight ounces of the best lean Beef.

Four ounces of BEEF PEPTONIDS contains more nutritive elements than ten pounds of any extract made by Liebig's formula, and from four to six times more Albuminoids and Fibrinoids than any Beef Extract ever offered to the Medical Profession.

Our machinery and process for the production of BEEF PEPTONIDS are perfectly adapted to the *elimination* of all inert portions of the Beef, and the *retention* of all the nutritive constituents.

BEEF PEPTONIDS is *much less expensive* than any other preparation in the market, as it contains *neither water nor inert matter*.

The favor our preparation of BEEF PEPTONIDS received at the hands of DRS. AGNEW, HAMILTON, BLISS, REYBURN, WOODWARD, BARNES, etc., the corps of eminent Physicians who employed the preparation with so much advantage in the treatment of the late PRESIDENT GARFIELD, proves conclusively its great value, not only as a food to be taken by the mouth, but also how important an agent it has been found in feeding by the Rectum.

Please refer to the very able article of Dr. D. W. BLISS in the New York Medical Record, July 15, 1882, in which he so frequently refers to BEEF PEPTONIDS having been used to so great an advantage, not only in the case of the late PRESIDENT GARFIELD, but many others as well.

We employ a reliable and experienced person to select the Beeves before they are slaughtered, and to superintend the killing and dressing. Great care is exercised in this respect, and none except the most healthy and suitable beeves are employed in making our BEEF PEPTONIDS.

Every physician will appreciate the importance of this care, for an Extract made from diseased Beef would not only be deleterious, but would, in many cases, produce lasting injury and fatal results.

The use of BEEF PEPTONIDS is indicated as follows:

Convalescence from all diseases, Fevers, Pneumonia, Weak Digestion, Diarrhea, Dysentery, Phthisis, Cholera Infantum, Marasmus, Sea Sickness, Excessive use of Alcoholic Stimulants; per Rectum in all cases where the stomach can not digest the food, and in debility resulting from any cause. Also a valuable adjunct in voyages and camp life.

We will be pleased to have the Profession every where test our assertions regarding this preparation, and for that purpose we will be happy to mail a sample to any regular practitioner desiring it; also circulars fully explanatory.

Thanking the Profession for generous support in the past, we beg to remain,

Very respectfully,

REED & CARNRICK,

182 FULTON ST., NEW YORK.

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QUINQUINIA.

Manufactured by the CHARLES T. WHITE CO., N. Y.

The Alkaloids of Cinchona Bark before Isolation—Fifteen per cent of Quinia; fifteen per cent Quinidia; fifteen per cent Cinchonidia; twenty five per cent Cinchonina; and thirty per cent of Chinoidine (purified Alkaloid).

ELIXIR QUINQUINIA,

(One Grain in each Fluid Dram).

COMPRESSED TABLETS OF QUINQUINIA,

(In Two and Five Grain Tablets).

ELIXIR QUINQUINIA, IRON, AND STRYCHNIA,

(One Grain Quinquinia, Two Grains Iron, One Sixtieth Grain Strychnia in each $\frac{1}{2}$ Dram.)

MANUFACTURED BY

JOHN WYETH & BROTHER, Philadelphia.

We ask the attention of physicians to this natural combination of the alkaloids of Cinchona Bark, having satisfied ourselves that it actually possesses the properties and advantages claimed by Charles T. White Co., the chemists who manufacture it and brought it to the notice of medical men. It has been long used in hospital, dispensary, and private practice with uniformly good results, the pamphlet they issue giving many testimonials to that effect from leading physicians in the United States. The experience of these physicians, whose published statements in regard to its antiperiodic and tonic effects are so satisfactory, is daily confirmed by letters received from others who have tested it more recently. In addition to the data given by them, we have received from our representatives, who come into personal contact with so many doctors all over the United States, most convincing proofs of the admirable therapeutic results arising from its administration, the claim being urged positively that, grain for grain, it is as efficient as Sulphate of Quinine, with the advantages of not being nearly so apt to induce cerebral excitement and of proving more lasting in its antiperiodic influence, a superiority always claimed for the mixed alkaloids and the bark over the single salt, and, we believe, deservedly. So confident are we of the great value of Quinquinia, as manufactured by this firm, that we have secured their entire product, believing that as soon as its merits are generally known it will be preferred in a large majority of cases to Sulphate of Quinine or Cinchonidia, being, at least, their equal in therapeutic value, with the important advantage that we shall be able to supply it at a much less cost. Implicit reliance can be placed on its always being furnished of exact strength and uniform quality by the chemists who prepare it, the entire line of chemicals they manufacture being unexcelled—rarely, indeed, equaled—by the products of any laboratory in the world. We shall be glad to send their pamphlet, giving full details of clinical reports, etc., etc., and sufficient of the Compressed Tablets of Quinquinia to test their merits by actual use to any physician who may desire them. As we are unable to send the Elixir by mail, we will take pleasure in sending by express a sample of either, with printed matter, etc., to physicians who will pay charges.

JOHN WYETH & BRO.,

MANUFACTURING CHEMISTS,

PHILADELPHIA.

MALTINE.

MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Hypophosphites.
MALTINE with Phosphorus Comp.
MALTINE with Peptones.

MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates Iron and Quinia.
MALTINE with Phosphates Iron, Quinia & Strych.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
MALTO-VIBURNIN.

MEDICAL ENDORSEMENTS.

We append, *by permission*, a few names of the many prominent Members of the Medical Profession who are prescribing our Maltine Preparations:

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E. S. DUNSTER, M. D., Ann Arbor, Mich., Prof. Obs. and Dis. Women and Children University and in Dartmouth College.

THOMAS H. ANDREWS, M. D., Philadelphia, Pa., Demonstrator of Anatomy, Jefferson Medical College.

B. F. HANMEL, M. D., Philadelphia, Pa., Supt. Hospital of the University of Penn.

F. R. PALMER, M. D., Louisville, Ky., Prof. of Physiology and Personal Diagnosis, University of Louisville.

HUNTER McGUIRE, M. D., Richmond, Va., Prof. of Surgery, Med. Col. of Virginia.

F. A. HARDEN, M. D., Milwaukee, Wis., Supt. and Physician, Milwaukee County Hospital.

L. P. YANDELL, M. D., Louisville, Ky., Prof. of Clinical Medicine and Diseases of Children, University, Louisville.

JOHN. A. LARRABEE, M. D., Louisville, Ky., Prof. of Materia Medica and Therapeutics, and Clinical Lecturer on Diseases of Children in the Hospital College of Medicine.

R. OGDEN DORENUS, M. D., L.L.D., New York, Prof. of Chemistry and Toxicology, Bellevue Hospital Medical College; Prof. of Chemistry and Physics, College of the City of New York.

WALTER S. HAINES, M. D., Chicago, Ill., Professor of Chemistry and Toxicology, Rush Medical College, Chicago.

E. F. INGALLS, A. M., M. D., Chicago, Ill., Clinical Professor of Diseases of Chest and Throat, Woman's Medical College.

A. A. MEUNIER, M. D., Montreal, Canada, Prof. Victoria University.

H. F. BIGGAR, M. D., Prof. of Surgical and Medical Diseases of Women, Homoeopathic Hospital College, Cleveland, Ohio.

DR. DOBELL, London, England, Consulting Physician to Royal Hospital for Diseases of the Chest.

DR. T. F. GRIMSDALE, Liverpool, England, Consulting Physician, Ladies' Charity and Lying-in-Hospital.

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J. C. THOROWGOOD, M.D., F.R.C.P., London, England, Physician City of London Hospital for Chest Diseases; Physician West London Hospital.

W. C. PLATFAIR, M.D., F.R.C.P., London, England, Prof. of Obstetric Medicine in King's College, and Physician for the Diseases of Women and Children to King's College Hospital.

W. H. WALSH, M.D., F.R.C.P., Brompton, England, Consulting Physician Consumption Hospital, Brompton, and to the University College Hospital.

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J. CARRICK MURRAY, M.D., Newcastle-on-Tyne, England, Physician to the N. C. H. for Diseases of Chest.

J. A. GRANT, M.D., F.R.C.S., Ottawa, Canada.

MALTINE is prescribed by the most eminent members of the Medical Profession in the United States, Great Britain, India, China and the English Colonies, and is largely used at the principal Hospitals in preference to any of the Extracts of Malt.

 We will forward gratuitously a 1-lb. bottle of any of the above preparations to Physicians, who will pay the express charges. Send for our 25 page Pamphlet on Maltine for further particulars.

Address **REED & CARNICK,**

LABORATORY: Yonkers-on-the-Hudson.

189 Fulton St., New York

MANACA

FRANCISCEA UNIFLORA.

The nature of the reports received from our special representative sent to explore the materia medica of Brazil, led us to originally undertake the introduction of this drug to scientific notice in the United States; and it has been received with so much appreciation by the medical profession, that we feel justified in calling special attention to it as an agent well worthy of investigation.

Manaca is highly regarded by the Brazilians as an ANTISYPHILITIC, and as a remedy in SCROFULA and RHEUMATISM. The whole plant, but especially the root, of which we are preparing a fluid extract, is said to powerfully excite the lymphatic system, eliminating morbid matters by the skin and kidneys. In small doses it appears to act as a resolvent; in larger, purgative, diuretic, and emmenagogue. In large doses it is an acrid poison.

We are furthering the investigation of the drug by our "Working Bulletin"* system, and samples have been sent for test to the hospitals and dispensaries throughout the country, and to the profession at large, to secure the results of its use in hospital and private practice. We shall be most happy to receive reports from the medical profession, with regard to the therapeutic value of Manaca, favorable or otherwise. That it is a powerful drug there can be no manner of doubt, and it is so well spoken of that its investigation promises a valuable addition to our materia medica.

Preparation—Extractum Manacæ Fluidum. Dose—5 to 20 minims.

PARKE, DAVIS & CO.
MANUFACTURING CHEMISTS, DETROIT, MICH., U. S. A.

JAMAICA DOGWOOD.

PISCIDIA ERYTHRINA.

The extensive investigations of the physiological actions of this valuable narcotic agent which we have been so instrumental in bringing to the notice of the medical profession in the United States, in the hands of that distinguished investigator, Professor Ott, would seem to point it to a special position as a therapeutic agent of peculiar value. Dr. Ott says that Jamaica Dogwood, like morphia, produces sleep, and that the sleep produced by Piscidia resembles in feeling that produced by bromide of potassium. In his experiment on himself, he took half a teaspoonful of the fluid extract, and soon became drowsy. The pupil was dilated. In about three hours the effect passed off, and he felt as well as ever, having no nausea, or the peculiar shaking up of the nerves that ensue after opium. From his numerous experiments with regard to the physiological action of this drug, Dr. Ott is of the opinion that in Jamaica Dogwood we possess a powerful narcotic agent, without the disagreeable after effects of opium. Like morphia it stimulates the vasomotor center, but it does not contract the pupil; and though it possesses with belladonna the power of dilating the pupil, it differs from it materially in its action. It can not therefore be classed with either of these drugs, and must be given a special place of its own.

It is hardly to be supposed that in all cases Jamaica Dogwood will act in the pleasant manner noted in the report of Dr. Ott. It is well known that nearly all drugs under certain conditions of the system produce untoward, or side effects, and disagreeable sequelæ. This is true with regard to opium, bromide of potassium, chloral, belladonna, and the rest of the list of narcotics. It is therefore a question to be solved by clinical experience, which drug produces the best effect, with the least amount of untoward effect, or unpleasant sequelæ. We therefore call the attention of the profession to Jamaica Dogwood, that its true value may be ascertained in this respect. A "Working Bulletin"* containing the results of the investigations of Ott, and others, has been sent out by our scientific department, and will be forwarded to the address of any one who will apply for the same.

Preparation—Extractum Piscidiæ Erythrinx Fluidum. Dose—1½ to 2 fluid drams.

PARKE, DAVIS & CO.,
MANUFACTURING CHEMISTS, DETROIT, MICH., U. S. A.

*WORKING BULLETIN, a pamphlet containing the botanical description of each plant, with chemical, microscopical, physiological, therapeutical investigations, etc., etc. Sent free by mail on application.